:::: THE ::::
MANITOBA MEDICAL BULLETIN

December, 1932

VOL. XII. No. 12

Manitoba Medical Association

EXECUTIVE

Dr. A. F. Menzies, President ..... Morden
Dr. A. J. Douglas, First Vice-President ..... Winnipeg
Dr. Geo. Clingan, Second Vice-President ..... Virden
Dr. F. W. Jackson, Honorary Secretary ..... Winnipeg
Dr. F. G. McGuinness, Honorary Treasurer ..... Winnipeg
Dr. Ross Mitchell, Retiring President ..... Winnipeg

Members Elected at Large

Dr. C. W. Wiebe ..... Winkler (Term Expires 1933)
Dr. J. M. McEachern ..... Winnipeg (Term Expires 1933)
Dr. W. J. Elliott ..... Brandon (Term Expires 1934)
Dr. A. G. Meindl ..... Winnipeg (Term Expires 1934)
Dr. E. D. Hudson ..... Hamiota (Term Expires 1935)
Dr. J. S. McInnes ..... Winnipeg (Term Expires 1935)

Representatives of District Societies

Central District ..... Dr. W. H. Clark
Southern District ..... Dr. E. K. Cunningham
Brandon and District ..... Dr. H. O. McDiarmid
North-Western District ..... Dr. R. F. Yule
Winnipeg Medical ..... Dr. R. Rennie Swan
Northern District ..... Dr. G. D. Shortreed
Border Medical ..... Dr. W. O. Henry

Representatives of C. P. & S. of Manitoba

Dr. W. H. Secord ..... Winnipeg
Dr. J. R. Davidson ..... Winnipeg
Dr. C. A. MacKenzie ..... Winnipeg

Representative on C.M.A. Executive Committee

Dr. J. D. Adamson ..... Winnipeg

The Manitoba Medical Bulletin

Published monthly by the Manitoba Medical Association
in the interests of organized medicine in Western Canada.

Editorial Office: 508 MEDICAL ARTS BUILDING
WINNIPEG
Editor: C. W. MacCHARLES

G. L. ADAMSON, R. H. FRASER, C. E. CORRIGAN

Medical Historian: ROSS MITCHELL

Subscription to others than members of the Manitoba Medical Association - - - $1.50 per Annum.

Advertising rates on request. This Journal has a circulation of over 850 copies per month.

Cost of Medical Services in Manitoba

LARGE PERCENTAGE OF FREE WORK

Institutions, hospitals, homes for incurables, etc...	$ 4,827,923
Physicians' private fees..	3,313,675
Hygiene, Social Service, etc	1,039,411
Preventive services	461,980
Nurses' fees	445,608
Medical Education	132,029
Total	10,220,536
Free Work done by doctors	1,301,607
Total, including Free Work	$11,522,243

A survey of the cost of medical services in Manitoba was undertaken by a committee representing the College of Physicians and Surgeons and the Manitoba Medical Association. The figures relating to institutional and other public expenditures were those for the year 1929. A confidential questionnaire was also sent out to all practitioners in Manitoba, and as a result of the replies received the cost of these services to the public was computed. The replies were based on the incomes for 1929. The most striking feature of the results is the huge total of services rendered free to the public by the profession, namely, $1,301,607. Of the total work done by practitioners in Manitoba, 71.8% was paid for, 17.7% was charity work, and 10.5% free work in hospitals. As these figures represent the conditions of 1929, the most prosperous year since the War, they do not represent a true picture of average conditions. They certainly do not represent conditions at present. For example, from 1928 to 1932, the numbers of people treated in the free clinics of the Winnipeg General Hospital increased from 8,000 to 24,000, and there has been a further increase in the numbers since that time. It has been estimated that at least one-third of the free work done in Winnipeg is for the care of families who are on government relief.

Medical Care of Single Men on Farms

THE committee headed by Mr. W. H. Carter has been successful in placing a number of single men on farms throughout Manitoba. This work is being financed by the Federal Government so far as clothing, transportation, and provision for their food and shelter while on the farms. No provision has yet been made for medical care for these men. It is understood that they receive a medical examination before being sent out, and therefore there is not likely to be a great deal of medical care required. Accident and emergency cases, however, will arise, and in the event of a doctor being called to attend one of these it may be possible to obtain payment for the services rendered by the following procedure:

The farmer responsible for the call should be asked to telephone Mr. A. MacNamara at the Legislative Building, Winnipeg, stating the circumstances and asking that permission be granted for the doctor to give the necessary medical attention at the expense of the Commission.

If authority is secured in this way, the committee becomes responsible for the payment of the doctor's services at the ordinary schedule.

Medical Services for People Who Are Receiving Government Relief Funds

Discussion at Meeting of Practitioners of Greater Winnipeg on December 16th, 1932

REPORT OF COMMITTEE PRESENTED

As noted in the November number of the *Bulletin*, the meeting of the Winnipeg Medical Society on November 18th, 1932, adopted the following resolution:—

> THEREFORE, BE IT RESOLVED THAT medical attention should be supplied on the same basis as other necessities of life, and therefore not solely at the expense of those citizens who supply medical attention, namely, the medical practitioners.

In order to implement this resolution, a committee was appointed by the President. Three members were added as representatives from the Manitoba Medical Association. In appointing the committee, an attempt was made to secure the services of men who had devoted some time and study to the problems of medical economics, and also to have the members fairly divided among general practitioners and specialists. At a later date three of the younger members of the profession were added in order that the point of view of the more recent graduates should be adequately represented.

The report of the committee was presented to a meeting of the medical practitioners of Greater Winnipeg at a meeting held under the auspices of the Winnipeg Medical Society on December 16th, 1932.

The Chairman of the committee reported that an Executive committee and three sub-committees had been appointed from the large committee. An interview was held with the City of Winnipeg relief authorities, the Provincial Government and the local representatives of the Dominion Government supervising relief work. The local authorities state that they would be unable to give any assistance as one-third of the funds used for relief purposes were given by the Dominion Government, and the rules governing the granting of this fund stipulated that the money should be used only for payment for food, clothing and shelter. Before any funds could be used for the payment for medical services, it would be necessary to obtain the permission of the Dominion Government. The members of the Dominion Relief Commission asked that more detailed and definite information be obtained as to the amount of work done by medical practitioners for people who were in receipt of government relief funds. In order to obtain the necessary information, a questionnaire was sent out to all practitioners asking for certain details of their work including the number of people "on relief" who were treated and also the number of other unemployed people whom they had attended. When these reports have been received and summarized, the committee will present the required report to the authorities.

It was also pointed out that it might be advisable to find out if the other three Western provinces were intending to approach the relief authorities, and ask for some payment for the care of those in receipt of relief funds. The committee has been in communication with the representatives of the medical organizations of the three Western provinces, and it appears that co-operative action will be arranged.

The committee has also been in communication with the Canadian Medical Association and the Secretary is co-operating and lending his support and supplying any helpful information which he has available.

The committee also prepared a short series of articles for the daily press in order to place the case of the medical profession before the public.

During the discussion that followed, one member of the committee submitted that the profession should insist upon payment for medical care for all patients. Another member of the Society suggested that it might be profitable to check abuses of free medical services such as hospital clinics and also take action to curtail counter prescribing by druggists. It was also considered advisable by another member to ask the authorities to allow the services of medical men for wards of the State to be accepted by the authorities in lieu of payment of taxes. One member suggested that a zoning system might be adopted in the administration of relief in Greater Winnipeg. The point of view of the rural practitioners was also submitted. It was pointed out that in some districts very few people were on relief, but yet there was only a small number who could pay medical fees. For the rural practitioner it would be necessary that some payment should be received for the care of these people if the scheme was to be of any assistance to him.

Various other aspects of the problem were discussed, and many of those present spoke of their appreciation of the hard work which had been done by the committee.

On the Difficulties of the Medical Profession

It is estimated that one-third of the charity cases at present are the poor who are always with us. One-third are those who, as a result of reduction of working hours or spasmodic employment, are unable to pay medical fees — for the doctor's bill is always the last to be paid. The final third is made up of citizens who are in receipt of government relief funds — in other words, they have become wards of the State. After carrying on for three years, the medical profession finds that it is now a financial impossibility for it to continue to provide at its own expense medical services for these wards of the State.

A committee has been appointed to place the case for the medical profession before the authorities. They appear to have met with a sympathetic reception.

The opinions expressed by the press are represented in the editorials, copies of which appear on a later page.

The reaction of public opinion is something which is difficult to gauge, but the general impression is that the greater number of the public realize the unfair burden that has been borne by the medical profession, and feel that some means should be found to lighten this load.

One of the most interesting aspects of the whole problem is the attitude of the members of the profession itself. The hard logic of inescapable facts has tended to solidify opinion in the profession in favor of demanding a more equitable arrangement than the one that has been allowed to develop. The members of the representative committee have worked very faithfully and with a great deal of skill in preparing the case for the profession. The over-

whelming majority of the profession are united in their decision on the problem. It is rather a surprising fact that those who have called most loudly for solidarity within the ranks of the profession have adopted the most unlikely methods of obtaining that solidarity. It is also noticeable that the few who have been skeptical of the value of the work of the committee have been either absent from the important meetings or have contributed few or no constructive suggestions.

The ultimate and final result of the present movement is difficult to foresee. In any case the unjust burden that has been borne by the medical profession in these difficult times will have been brought to the attention of the authorities, and the general public. The last Court of Appeal is public opinion, and if many years of faithful service can obtain favourable consideration from the public, the medical profession has earned it with a good deal to spare. If necessary, it might be pointed out that the medical profession is a small but entirely necessary part of the social structure of our country.

The ultimate prosperity of the members of the medical profession is wrapped up with the fortunes of the country as a whole. This seems likely to be determined by forces which we, as a profession, can do little to control, and which even governments may be able to modify but are unable to direct.

The corner around which prosperity has been hiding has not yet been found. While the Statesmen have been working with what machinery they have available and the economists have been theorizing and bemoaning the fact that stupid people insist upon being stupid, a certain amount of readjustment has no doubt taken place. The economists tell us that either commodity prices will rise, or else, by widespread bankruptcy, commercial enterprises will become adjusted to a new level. They appear to be satisfied that ultimately conditions will improve, although it is possible that the improvement will result from the more painful treatment.

No matter what changes develop, the services of the medical profession will still be necessary, and therefore in some fashion the doctor will have to be paid for his work.

—C. W. MacC.

History of Medicine in Canada

The North American Indian who roamed the valleys of the St. Lawrence and the Ottawa when Jacques Cartier came to Canada presented a faithful picture of the man of the Stone Age. There is no evidence of any more highly developed civilization having preceded the Indian's migration to this continent, wherever he may have come from. In addition to their rites and ceremonies to combat disease and death they made use of natural remedies as we shall later see in their treatment of Scurvy or the land disease.

They believed that disease was due to natural causes and should be treated by potions, plasters, sweat baths, etc., or of supernatural influence due to hidden desires of the soul revealing themselves by dreams. If these dreams were fulfilled all was well, but if they remained unsatisfied the soul is vexed and causes infirmities and even death. In Jesuit Relations they are described as "diligently observing dreams in order not to irritate the soul by ignoring its desires"; and they often obeyed it,—causing their limb to be cut off if the dream so commended. They offered sacrifices to their dream as to a divinity, on the advice of their diviners.

There were two classes of practitioners — those practicing magic without preparation because they said they had some occult faculty like the modern Medium and were known as Sorcerers or Jugglers, also the "Herbalists" who studied and prepared plant remedies.

"The true Medicine men and women worked at least among the Ojibways, under the organization of the Grand Medicine Society of the tribe. Their Sacred calling was protected by exacting a prolonged period of strenuous training under a member of the priesthood, who instructed the entrant in plant and forest lore, and the preparation of medicines, the tradition of the origin of the race, and of the conferring upon mankind of the grace of medicine. The ritual of initiation involved the purification of the neophyte for several days in a small sweathouse outside the medicine lodge where he passed hours in solitary meditation."

"The cult of these Grand Medicine Societies was a natural religion woven out of the physical needs of primeval men. As a religion it was bitterly opposed to the early exponents of Christianity and contributed to the cruel fate of many heroic Jesuit Missionaries."

Jacques Cartier sailed from St. Malo for Asia in 1534. He arrived at Gaspe. The following year he sailed again from France and wintered at Stadacona, the present site of Quebec. The Indian Chief Donacomia welcomed the French hospitably. Jacques Cartier made his way to Hochelaja where Montreal now stands. He met the friendly Chief Agonhanna. "Many sick persons, some blind, others, lame or so old their eyelids hung down to their cheeks were brought in and set down that the Captain might lay his hands on them, so that one would have thought Christ had come down to heal them."

"This is the first mention of disease in Canada and the meeting place was very appropriately the present site of McGill Medical School."

Jacques Cartier named the adjacent mountain Mont Royal. When he returned to Quebec he found an epidemic of Mal de Terre (Scurvy) amongst the Indians and his own men. The following is their description of their sore plight:—"The sickness began amongst us in a most unknown manner, with such infection did this sickness spread that of one hundred and ten persons that we were, there were not ten whole so that one could not help the other, a most horrible and pitiful case considering the place we were in. Some did loose all their strength and could not stand, their skins were spotted of a purple colour, their legges did swell, their mouths became stinking, their gummies rotten even to the rootes of the teeth that did almost all fall out."

One of them who knew something of surgery did a post mortem on Philippe Rongemont, a sailor who died of scurvy. This is the first record of a post mortem in Canada. "He was found to have his heart white, but rotten more than a quart of blood about it; his liver was indifferent fair, but his lunges blacke and mortified, his blood was altogether shrunk. Because one of his thighs was very blacke without, it was opened but within it was sound; his milt toward the back was somewhat perished, rough as if it had been rubbed against a stone; that done as well as we could he was buried."

The Captain saw an Indian restored to health who two weeks before "had his knees swollen as big as a child, all his sinews shrunk together, his teeth spoyled, his gummes rotten and stinking." Jacques Cartier asked him what cured him and was told the Indian remedy came from the bark and sap of the hemlock as follows:—

"Take the bark and leaves, boil them together, then drink this every other day and put the dregges of it upon his legges that is sick."

"Shortly after they had drunken of it they received benefit, which was found to be a real evident miracle; a tree was used up in eight days, which had such affect that if all the doctors of Lorraine and Montpelier had been there, with all the drugs of Alexandria, they could not have done so much in a year as the said tree did in six days."

Captain James who discovered and named James Bay in 1631 wintered there. His men suffered severely from the intense cold and from scurvy. James wrote, "If a man lay in bed for two whole days he never rose again. Their teeth fell out, and the dead flesh about their gums and the frost blisters was carefully cut away. In the spring the sun caused a crop of vetches, one of the bean family, to sprout up near their hut, and the scurvy stricken were so rapidly restored to health that in June they were chewing salt beef again."

"In 1775 so many American Soldiers suffering from Scurvy were received in the hospital at Three Rivers that they overflowed the wards into the Chapel, and to this day there may be seen in the Convent at Three Rivers notes issued to the nuns by the soldiers, which after the war remained unredeemed." These might now, with compound interest be charged against the American war debt.

—W. A. GARDNER.

REFERENCES—Heagerty; "Four Centuries of Medical History in Canada."
Maud Abbott; "History of Medicine in Quebec."

Western Canada Medical History

by Ross MITCHELL

Manitoba in 1805

The following notes are extracted from the Journal of Daniel W. Harmon, a native of Vermont, who entered the service of the North West Company in 1800 and was sent west. For the next nineteen years he did not come east of Fort William; not till May, 1819, did he return to his native state where, in the next year, his journals were edited and published.

May 8, 1805 —

Wednesday, 8. Riviere qui Apelle. On the 6th Mr. Goedike and several other persons with myself, left our boats, and proceeded on horse-back. As the fire has passed over the plains, this spring, it was with difficulty that we could find grass, sufficient for the subsistence of our horses.

Monday, 20. Montagne a la Basse (Virden?) Here I have been waiting ever since the 15th for the arrival of our boats. They arrived this afternoon.

Monday, 27. Riviere a la Souris, or Mouse River. This is about fifty miles from Montagne a la Basse. Here are three establishments, formed severally by the North West, X.Y. and Hudson Bay companies.

Last evening Mr. Chaboillez invited the people of the other two forts to a dance; and we had a real North West country ball. When three fourths of the people had drunk so much, as to be incapable of walking straightly, the other fourth thought it time to put an end to the ball, or rather bawl. This morning, we were invited to breakfast at the Hudson Bay House, with a Mr. McKay, and in the evening to a dance. This, however, ended more decently, than the one of the preceding evening.

It is now more than fifty years, since a French missionary left this place. He had, as I am informed, resided here, during a number of years, for the purpose of instructing the Natives in the Christian religion. He taught them

some short prayers, in the French language, the whole of which some of them have not yet forgotten.

The surrounding country consists chiefly of plains; and the soil appears to be richer than that which is farther up the river.

Tuesday, 30. In the morning, I left Mouse River; and I have with me upwards of forty men, in five boats and seven canoes.

Saturday, June 1. We are now a little below what was called the Pine Fort. It is twenty years since this fort was built, and eleven since it was abandoned. This River is now so low, arising from the fact that we have had no rain this spring, and we have such a number of boats and canoes, that we drive the sturgeon upon the sand banks, where there is but little water; and we have no difficulty in killing any number of them, that we please. We now subsist entirely on these fish; and they are excellent food.

Thursday, 13. Portage la Prairie, or Plain Portage. Here the North West company have a miserable fort, the local situation of which, is beautiful beyond anything I have seen in this part of the world. Opposite the fort, there is a plain, which is about sixty miles long, and from one to ten broad, in the whole extent of which, not the least rise of ground is visible. To this place, the Natives resort every spring, to take and dry sturgeon.

Saturday, 15. We are now encamped under a beautiful range of oaks, which separate the river from a pretty extensive plain. Ever since we left Mouse River, the soil on each side of the Upper Red River (Assiniboine River), down which we are passing, appears to be excellent, and the timber is very different from what it is near its source. We here find oak, elm, walnut, basswood, &c. and I am informed that there are grapes and plums in this vicinity.

Tuesday, 18. Not far from the place where we are now encamped, there is a considerably large camp of Sauteux. Among them I saw another of my unfortunate countrymen, who, like one of whom I have already spoken, was taken from his parents, when a child. Thus, has many a fond mother, in the frontier settlements, been deprived of her beloved and tender offspring—but this fellow is lost, beyond recovery, for he now speaks no other language, but that of the Indians, among whom he resides, and he has adopted all their manners and customs; and it would now be as difficult to reconcile him to the habits of civilized life, as it would be, were he a real Indian.

Wednesday, 19. The Forks. At this place the Upper and Lower Red Rivers, form a junction. The country around is pleasant, the soil appears to be excellent, and it is tolerably well timbered with oak, basswood, walnut, elm, poplar, aspin, birch, &c. Grape vines and plum trees are also seen.

Friday, 21. We are now encamped at the place, where the Red River enters the Great Winipick Lake. It is now nearly five years since I passed this place, which, at first thought, seems but a moment. But when I deliberately recollect the scenes through which I have passed, during that space of time, it seems as if I had passed the greater part of my days in this country.

Monday, 24. We are now at the entrance of Winipick River, into the Lake of the same name. We, here, find a number of people, who are from their respective winter quarters, and who, like ourselves, are on their way to New Fort.

"My Son, you will be surprised with how little wisdom the World is governed."—*Axel Oxenstiern.*

Medical Services for People on Relief

PRESS COMMENTS

The proposals of the Winnipeg Medical Society and the Manitoba Medical Association that the duly constituted authorities pay for medical services for unemployed citizens who are "on relief" has been the subject of editorials in the daily press. The editorials have shown a sympathetic appreciation of the situation and have contained important and constructive criticisms.

The following is a leading editorial in the *Winnipeg Tribune* of December 16th, 1932:—

"Physicians of Winnipeg, swamped by calls for unpaid services, are appealing to the public and to the authorities. They say they have reached the breaking point, and call upon the agencies which provide unemployment relief to assume at least a part of the cost of medical service.

"Their plight and their proposal will receive sympathetic consideration. No vocation has a higher ideal of service or calls for more continual self-sacrificing effort than the medical profession.

"Drawing a legitimate distinction between the type of poor who are always with us and the victims of the unemployment crisis, it appears that the physicians' pledge to succor the poor and afflicted has been abused, and that the important item of medical service was overlooked in the plans for unemployment relief. The doctors have carried on manfully up to the present, but there is a point at which it becomes physically impossible for them to do more.

"Addition of a large body of involuntary unemployed to the habitually indigent has trebled the demand on the average doctor for charitable work, and at the same time has made serious inroads on his normal sources of revenue.

"In Great Britain it was found early in the experience with unemployment relief that it was necessary to provide for medical service as a part of the relief. Many years have passed since the panel system was adopted, and it is obvious that it has been mainly instrumental in maintaining the health of the British people in the face of an economic condition which would otherwise have contained a very serious threat of increased morbidity and mortality.

"The province of Ontario has recently conceded the point raised by the Winnipeg physicians, and has adopted a scheme whereby the province assists the municipalities in meeting the cost of medical care for the unemployed.

"All that is being asked is that the extra demands on physicians arising out of unemployment be paid for on a basis of service at cost, the arrangement to be temporary and to be adequately safeguarded. In the circumstances it is a modest and reasonable request from a body of men who have the best possible claim upon public consideration. The proposal has been made reluctantly and only after possible alternatives were exhausted. It is a matter of vital importance to the community, and is entitled to prompt and serious consideration."

The *Winnipeg Free Press* of December 17th, 1932, also devoted an editorial to the subject, as follows:—

"Three factors emerge in clear perspective from the brief of the Winnipeg Medical Society suggesting that medical relief be placed upon the same footing as other types of relief for which the City is responsible. The first is that the persons on relief, that is the destitute, if they need medical care must have that care. The second is that the capital of the physician is his skill and it is this which he must expend in the volume of attention which he is now called upon to provide for non-paying patients. The third is that the City, called upon to administer medical relief, must provide such relief with the lowest expenditure of money.

"From the figures presented by the doctors, that is, $1,300,000 of free service in this province during 1929, with the estimate of double that amount now, and of 24,582 out-patients in the Winnipeg General Hospital alone depending upon the free services of the doctors, it is clear that there is substantial ground for their contention that they are required to carry more of the load than it is fair to ask of them. The relief from this load suggested is not only or indeed at all a relief from work, for

presumably these people asking for free service need that service. It is asking for financial relief in carrying it. No doctor complains of an over plus of paying patients. He does ask relief from the out-giving of his capital, that is of his skill, for which he receives no monetary returns.

"The suggestion is put forward that the people asking service should be free to call in the physician of their choice and that the bill of this physician should be rendered not to the patient but to the City. It is suggested that the fee might be half the usual tariff. Under this scheme any member of the estimated 30,000 persons on relief could call any doctor. It is at once evident that this leaves wide gaps for the practice of the less lovely sides of human nature. Take it as read that a large percentage of the medical profession are upright men and women; take it as read that a large percentage of the unemployed on relief are upright men and women; there remains a sufficient number to make of unnecessarily large proportions the bill which might be presented to the City. Reference to the working of the Workmen's Compensation Act is not quite in order since those coming under that Act are not merely so many in number and at least on first appearance must have adequate reason.

"Under a wide-open scheme of medical relief anyone who needed medical care, or who thought he needed it, could approach a physician. If the first physician told him he did not need such attention there would be nothing to prevent him carrying on to another doctor, who would present a bill to the City. Even at a half or less of the usual fee for whatever Latin name was attached to the patient's condition, the possibilities for a "racket" are fairly obvious. In this sort of situation it is the reputable members of the profession who stand to lose heavily. They are placing the reputation of their whole profession in a position where they will be able only with the utmost difficulty to defend it. It was a very similar situation which the medical profession declared intolerable when they were made, as they said, responsible for liquor distribution in this Province.

"The alternative, if the City is to administer medical relief, is the direct taking on to the City staff of a panel of physicians for the caring of the City's wards, the work to be either on whole or part time basis. It will be noted that, whether described as emergency or not, herein is the beginning of State medicine. It is an angle which will bear scrutiny not only by the Profession but by the City. Is the Profession ready to give up private initiative and become part of the civil service? Can the State afford this further responsibility?

"This situation is set forth not in antagonism to one system or in advocacy of another, but that the facts involved may be pondered. What the Winnipeg Medical Society brings forward is not only an emergency measure. It is a long step on a road which leads away from foundation principles which have so far guided our institutions."

In the second editorial the writer stresses the dangers of the abuse of suggested system of payment for medical services for people on government relief. He mentions the difficulties arising out of the issuing of prescriptions for liquor before the Government Liquor Stores were opened. It might be pointed out that, when these difficulties developed, the medical profession put into action its own available machinery for controlling the guilty members. The men who were responsible for issuing an unnecessary number of prescriptions were brought before the Council of the College of Physicians and Surgeons, and their licenses suspended. The difficulty which he suggests is not an insurmountable one, for it is a difficulty that is encountered very often in the activities of any organization. As a rule, people do not despair and condemn a whole established system because it does not always function smoothly. It might be pointed out that, although it has been suggested that governments are not always efficient, we persist in electing them. It has been rumoured that Universities are not always administered on sound business lines, and yet they have not all been closed down. Banks, it has been hinted, sometimes make poor loans, but it might be pointed out that all deposits have not been withdrawn.

As for the alternative to the plan of the family calling their own doctor, the writer of the above article suggests a panel of doctors appointed by the City. The answer to this is contained in the brief submitted to the public

through the courtesy of the press. The citizens who are in receipt of government relief funds are allowed to purchase their supplies from the merchant they choose. It is even more important that they should be allowed to continue to consult the family doctor who has cared for them over a period of years. If a group of full time doctors were appointed to supply medical services for relief cases, most of the people would continue to call their own family doctor and he would in most cases feel obliged to treat them, although in order to do so he would be incurring added expenses in the way of payment for transportation, drugs, dressings, etc.

The final court of appeal will be public opinion, and with its decision we will be content.

The contention that the medical profession is to become a part of the civil service is really an exaggeration. In some cases members of the medical profession at present act as civil servants. Those who care for other wards of the government in mental hospitals, jails, the army, navy and the police, are part or full time civil servants. If a man leaves civil life and enters the army, he ceases to be cared for by a private practitioner and receives medical care from the duly appointed government medical officer. In a similar way a man who has unfortunately become unable to earn enough money to provide food, clothing and shelter at present has these provided for by the State. The grocer does not object to being paid out of public funds. There is no reasonable objection to the medical man who cares for such an individual being paid also out of government funds.

It might not be out of place to point out that, even if medical services for people "on relief" were paid for, the medical profession would still be treating free twice as many patients as under normal conditions.

The suggested system is not a departure from established principles. It is a proper application of long established practice — namely, that wards of the government are supplied with medical services by the duly constituted authority.

The profession welcomes discussion of this problem in the press. It is a problem for the general public as well as the profession. We are duly grateful to the press for the courtesy which has been extended in allowing the profession to present its case to the public.

—C. W. MacC.

WARNS ON SICKNESS INSURANCE

From the final report of the Commission on Medical Education, of which Dr. A. Lawrence Lowell, who has just resigned as President of Harvard University, is Chairman.

"The proponents of sickness insurance 'as a panacea for overcoming all the unsatisfactory economic and professional problems involved in medical care,' were usually not familiar with the fundamental, professional, technical and educational questions involved in such problems."

"Although medical practice in certain countries which have a reasonable plan and a thoughtful administration of sickness insurance," the report went on, "is much more satisfactory both to patients and physicians than the previous schemes of contract practice, there is always the danger that the extension of insurance and the interference with established programs of medical care may produce chaotic conditions such as threaten in several countries now."

Infant Mortality in Canada

According to statistics recently issued by the Bureau of Statistics, infant mortality in Canada is decreasing. The rate in 1926 was 101.8 per thousand, while in 1921 it was 84.8. Still-births are not included in these figures. Quebec's rate decreased from 142.0 in 1926 to 112.9 in 1931, but is still the highest in the Dominion. The lowest is that of British Columbia which is 49.7.

In Alberta the rate has declined from 85.3 in 1926 to 69.7 in 1931; in Saskatchewan, from 81.1 to 69.0; in Manitoba, from 76.5 to 64.3; in Ontario, from 78.4 to 69.8; in New Brunswick, from 105.9 to 87.4; in Nova Scotia, from 80.3 to 78.8; and in Prince Edward Island, from 70.2 to 68.1.

Of the four largest cities, Winnipeg with 48.1 in 1931, has the lowest rate. Vancouver follows with 64.3 and Toronto is third with 69.8. The rate in Montreal in 1931 was 114.1.

Current Medical Events

ANNUAL MEETING OF THE HONORARY ATTENDING STAFF WINNIPEG GENERAL HOSPITAL

The Annual Meeting of the Honorary Attending Staff was held in the Board Room at the Hospital on Thursday, December 8th, 1932, at 1.30 p.m.

The President of the Hospital and representatives from the Board of Trustees was present to discuss the financial position of the Hospital and certain changes in policy, which are contemplated.

Routine business was discussed and the proposed changes in policy thoroughly considered. Officers were elected for the following year:

Chairman..... Dr. C. R. Gilmour (Senior Physician)
Vice-Chairman..... Dr. J. D. McQueen (Associate Gynæcologist)
Secretary..... Dr. R. D. Fletcher (Urologist)

* * * *

53rd ANNUAL MEETING ONTARIO MEDICAL ASSOCIATION

The following letter has been received from the Secretary of the Ontario Medical Association:—

"The Ontario Medical Association will hold its 53rd Annual Meeting in Hamilton on May 30, 31, June 1 and 2, 1933. I have been instructed by the committee in charge to say that we would be very happy to have an official delegate from your Province who would be able to attend and who would be willing to present a paper in general sessions. Perhaps you will be good enough to canvass the situation and let me know, at your convenience, whether or not we may hope to have a delegate from your Province."

Will any doctor who anticipates being in Hamilton at that time, and who would be willing to present a paper, please communicate with the Secretary, 102 Medical Arts Building, Winnipeg?

* * * *

Professor of Surgery and Clinical Surgery is now Dr. H. K. MacDonald's official standing at the Medical College of Dalhousie University. Like his predecessors, Doctors Stewart and Hogan, he will fill this important position honorably and with great profit to the medical profession in this Province. —*Nova Scotia Medical Bulletin.*

Doctors and Accident Insurance

At the Annual Meeting of the Manitoba Medical Association, held in Brandon, September, 1931, the following resolution was passed:—

> WHEREAS the increasing number of victims of motor accidents treated by physicians and hospitals, for whom the physician or hospital cannot collect compensation, is creating an intolerable burden to both physician and hospital, a financial burden which is a factor in keeping up the cost of medical care and hospitalization to paying patients;
>
> THEREFORE, BE IT RESOLVED THAT in such cases, in addition to the ordinary recourse to collect the debt, there shall be a statutory lien in favor of the physician in charge of the case and the hospital where the treatment is given, upon any damages that may be recovered by the patient and upon any accident insurance existing in connection with his car or himself.

A bill embodying the spirit of this resolution was drafted, but it was strenuously opposed by the Western Canada Insurance Underwriters' Association. It was pointed out that many claims which were paid by the Underwriters' Association were regarded by them as nuisance claims, wherein no liability for the insured for the accident was admitted, but where the case was settled for a small amount in order to prevent costs of defending an action. Committees representing the Manitoba Medical Association, the Manitoba Hospital Association and the Underwriters' Association met, and after the matters in question had been thoroughly discussed, the Underwriters' Association gave the assurance that they could bring a considerable amount of pressure to bear through their adjusters in having these claims settled before the benefits were paid over to the individual. They suggested that this be given a year's trial before any amendments were submitted to the legislature. This proposition was accepted by the Executive of the Manitoba Medical Association at a meeting on March 23rd, 1932. Under this gentleman's agreement, a joint committee representing the three bodies was created to deal with the matters in dispute. This committee met recently, and the disputed points were satisfactorily and amicably settled.

It is gratifying to note that, in the period of over eight months, only a very few cases called for revision. It would appear that this gentleman's agreement is working to the interests of all concerned. It will be appreciated by the doctors that there is a real advantage in securing the co-operation of the Underwriters' Association to see that claims of surgeons and hospitals are made before a final settlement of the case is made with the beneficiary. Such an agreement entails upon the doctors the responsibility for playing the game fairly and co-operating with the insurance men in every way possible. There will inevitably be some disputes, but the machinery has been set up for a fair consideration of these, and doctors may rest assured that their reasonable interests will be safeguarded both by their own representatives on the committee and by the representatives of the Underwriters' Association.

According to figures presented to Parliament by the Hon. Wesley D. Gordon, Minister of Labour and Mines, more than 800,000 persons in Canada were receiving relief. This figure includes 144,000 who, according to Government figures covering the ten-year period from 1919, had been, on the average, unemployed. Included also are transients to the number of 140,000.

News Items

— of —

Department of Health and Public Welfare

TYPHOID

Sixty years ago William Budd published his classic — *"Typhoid Fever: Its Nature, Mode of Spreading and Prevention."* Last year America paid tribute to British pioneers in preventive medicine in a handsome reprint (copies of which may still be had from the American Public Health Association at a cost of $5.00 for linen, and $10.00 for de luxe in Persian leather).

In 1873 Pasteur had not yet convinced his critics of the fallacy of the idea of spontaneous generation; Fracastoro's "contagium vivum" had not yet been demonstrated, save in anthrax, and there not established. The contagious nature of typhoid fever had been asserted by Bretonneau, by Louis, under whom Budd had studied, by Louis' pupils in America, by Sir Henry Halford and others in England, but was strenuously contended by many leading authorities, and notably by Simon and Murchison in England, and by Pettenkofer in Münich, who held that the poison was generated in the soil from putrescent animal matter; this contention received much apparent justification in the success following the reforms in sewage disposal and water supply.

Budd was, however, able to show that in many places and on many occasions, serious droughts, accompanied by a low level of water and the consequent evil smells of putrefying animal matter, were not followed by the outbreaks to be expected from the pathogenic theory. He cited many instances in which the same conditions had been prevailing for years without the occurrence of a single case of typhoid fever, until someone suffering from the disease came to the neighbourhood.

To Budd belongs the credit for having demonstrated that the causal agent of typhoid fever has the power of breeding within the body, particularly in the Peyer particles of the small intestine and is conveyed to further victims in the discharges from the bowel.

Budd followed Rokitansky in his opinion that the "yellowish-white cheese-like matter, of buttery consistency" which occupies the Peyer's patch is the typhoid "materies merbi"; but also suggests that for propagation the matter requires disintegration, as of granite into powder. "My opinion," he says, "is that all the emanations from the sick are in a certain degree infectious, but it is one of the principal objects of this work to show that what is cast off from the intestine is incomparably more virulent than anything else. When no sufficient provisions have been made for preventing the discharges from the human intestine from contaminating the soil and air of the inhabited area, they continue to exhale their poison into the air breathed and to distil it slowly into the water drunk. The contagious element of typhoid fever is contained in the discharge from the diseased intestines."

He pointed out that not only does putrescent animal matter and sewage, however nauseating, not produce the fever without the presence of the specific agent, but that the contagion is not necessarily accompanied by a distinctive odour; that it may be carried on the hands or dress of the nurse, or on the clothes or bed linen of the patient, and that sewers in cities and large towns constantly contain the specific agent; for typhoid is never absent.

Dr. Taylor of Penrith had already reported a small outbreak in which the infection was spread through the milk handled by the mother of a girl, who had come home sick of the fever. Budd observed the risk of contamination through water used for dilution. He urges boiling: "I have no doubt that if all milk were boiled before being used a marked diminution in the prevalence of more than one very serious type of disease would soon follow."

He emphasised the danger of an ambulant case, particularly in the diarrhoea that occurs before the patient takes to his bed, and also of the convalescent. He could not tell how long the convalescent continued to transmit the disease, but he knew of various farm houses in which the fever had recurred after several months' interval without any apparent fresh introduction.

The tendency for the disease to spread through an affected household was even in Budd's time not so evident in the wealthier homes as in those where cleanliness was not the rule, but from them it was conveyed by sewer to the poorer districts. The entrance of the disease into a village community would be followed by a devastating outbreak, for the untreated discharges were thrown into the common privy, on the dung heap or down the open gutter. Thus at his own village of North Tawton in 1839, of a population of 1100, eighty persons suffered, and in 1869, out of 1500, there were one hundred and twenty afflicted, of whom eleven died. That nine or ten usually recover for every one who dies was one of the characteristics noted by Budd, and the constancy of this proportion is assuredly one of the striking peculiarities of the disease.

In many of the cases that came to autopsy he found the mucous membrane overlying the typhoid matter in the Peyer's patch entire and therefore concluded that the lesion is caused by the agency or specific cause working from within, and is actually an exanthem of the bowel, just as the pock in smallpox is of the skin.

As in other contagious fevers, there is, he found, in typhoid a latent period after the occurrence of infection, an exemption, not absolute, confined by one attack against any future attack, and an immunity possessed by large numbers of persons, who, though freely exposed to the fever poison, yet remain proof against it.

"Prevention," he says, "must be based on an intimate knowledge of the cause, especially in the great group of diseases, which is the work of definite and specific agents having not only the power of breeding within the body, but capable for limited periods at least of existing externally to it; a thing against which we may be impotent so long as it infects the body itself may present on its issue from the body the condition of an easy conquest." On this ground he advocated —

1. The flooding of all drains and the treatment of all privies with disinfectant.
2. The immediate disinfection of all discharges from the sick and of all bed and body linen used by them.
3. Scrupulous ablution and disinfection of the hands of the nurses, whenever soiled by any office rendered to the sick.

It was as a rural practitioner in Devonshire that Budd developed his thesis, the outbreak of 1839 giving him, at the age of twenty-eight, his first opportunity: He held that of the propagation of disease by human intercourse, rural districts, where the population is thin and the lines of intercourse are few and easily traced, offer opportunities for its settlement which

are not to be met with in the crowded haunts of large towns. He did not live to read of Eberth's discovery of the specific agent of typhoid fever, which he had so long foretold, for he died early in the same year — 1880.

The discovery of the germ and its isolation by Gaffky in 1884 led to the confirmation of Budd's contention in practically all its major points and emphasised the value of his suggestions. It is, however, now accepted that the germ of typhoid does not rise in the sewer gas, nor in the emanations from the bowel discharges; that there is only one manner of infection: the consumption of food or water contaminated with feces or urine containing the bacillus.

The stress laid on the infectious nature of the discharges before the patient takes to bed and after recovery has been amply justified.

In one case this summer, a mother nursed her daughter, who was complaining of a headache and running a high temperature: it was a week before the condition was diagnosed as typhoid and during that time the mother continued to handle the cans and bottles used in distributing milk to her customers. Fortunately, there was only one case that could be attributed to infection from this source and he recovered.

In another part of the province there was this fall an outbreak of fifteen cases: five in a town and ten in a village some twenty miles from it. Of the first case, A.B., there was no evident source; for some weeks before he took to his bed and consulted a physician he had felt feverish and been troubled with diarrhoea. Shortly afterwards one of his children fell ill with the same disease, and also three persons on the same milk route. The dairy farm from which the milk came is above the average in cleanliness and equipment, but there was no steam or other effective sterilization of cans or returned bottles. The first case in the village was a man who complained of headache, right iliac pain and constipation. The condition was first diagnosed as due to adhesions following appendicectomy, and the patient continued to mix with his fellow villagers. Of a population of 200, there were, within two weeks, nine further cases of typhoid. Additional cases were probably avoided by the prompt administration by the health officer of anti-typhoid vaccine to all contacts. On investigation it was found that the first villager to suffer had been one of two to visit A.B. during the early days of his illness.

The carrier problem is ever with us: at some farms in the province there have occurred among those employed as hired men repeated cases of typhoid fever: the owner or the owner's wife is usually the apparent culprit. At one farm there has been engaged for the past two and a half years a woman who had typhoid fever eight years ago: soon after her arrival at the farm a hired man contracted the fever, and this fall of a gang of nine threshers, six were infected and two of them died.

Where the presence of a carrier is suspected, it is advisable to seek confirmation by examination of the feces and urine for the typhoid bacillus: the most promising sample is one from the second or third stool after a purge of calomel, followed by magnesium sulphate. What to do with the bird, having caught him? — there's the crux! Even if the removal of the gall bladder is successful in a high proportion of cases, can we submit a man to the risks and inconvenience of the operation?

The famous "Typhoid Mary," it is understood, is pensioned and living a retired life on an island in the Hudson: but such a step can rarely be taken — one can imagine the possibilities to the public purse.

No patient should be discharged from supervision till three specimens of feces and three of urine, taken at intervals of at least two days, have

been reported free from the bacillus; even this cannot be claimed as an absolute safeguard, for the secretion of the germ is intermittent. If the germ is found the necessity for care should be impressed. No carrier, probably better no person who has had typhoid fever, should be allowed to engage in the handling of food, either in its preparation, distribution, cooking or serving.

A knowledge of the mode of transference makes it evident that every carrier, if so willed, can by personal cleanliness and ordinary care avoid the risk of passing the disease to others. The first difficulty is to convince those who have had typhoid of the potential danger they are to others. The second is to educate them to a proper standard of cleanliness at all times and to instruct them in the efficient disposal of their discharges; and the final to inspire them with sufficient altruism to perform such duties conscientiously.

Today, when the disease appears in a rural district, it does not continue to spread as it did in the days of Budd: from the six threshers mentioned above there was only one secondary case: partly thanks to anti-typhoid vaccination, and partly because the care of patients is conducted along the lines suggested by Budd.

In the winter months many cases are associated with the drinking of river water: of the sixteen cases reported from rural points during the first three months of this year this connection was mentioned in ten. Well water has been suggested as the probable source of infection in four cases this year and milk in three.

Of the thirty-six cases occurring outside Winnipeg during July, August and September, in nine there was a history of bathing within the significant period of incubation. While this does not establish any causal association, the inference is not without point that bathing in unprotected waters does offer a definite risk. The fact that of the several thousands who have bathed this summer only a few have contracted typhoid, proves the risk is small. It is suggested that the infection is casual, probably through the accidental fouling of the water with urine by some carrier.

Whether the risk run in bathing is worth the trouble of universal vaccination is both an individual matter and a State concern. There has been much questioning on the subject, and the procedure is urged by many of the States to the south of us. There is no doubt about its advantage for those exposing themselves to the risk of drinking water of uncertain purity. The following points are worthy of consideration:

1. Of several thousand persons bathing at beaches, in rivers and in sand-pits or quarries this summer, nine developed typhoid fever within a significant period.
2. There are two sources of contamination:—
   (*a*) the disposal of untreated sewage in rivers and lakes;
   (b) the accidental, unpreventible fouling of the water by bathers who happen to be carriers.
3. It cannot be proven that the bathing has been the actual channel of infection, but the point is suggestive.
4. Typhoid vaccination gives protection in some eighty to ninety per cent. of those receiving the triple injection for a period of about two years.
5. A person who contracts typhoid fever is not only a potential source of infection to his family, to his associates and to the community during the illness, but tends to remain so for months and sometimes for years.

That the incidence of typhoid fever during the past two years has been greater than in the previous few years, and in rural Manitoba is greater than in towns and cities is evident from the following table:

TYPHOID FEVER

Incidence in Manitoba 1926-1932

Year	Rural	Org. Towns and Cities	Winnipeg
Approx. Population	300,000	137,000	213,000
1926	17	40	71
1927	36	45	27
1928	31	33	18
1929	57	24	28
1930	62	23	6
1931	71	46	25
1932 (11 mos.)	95	17	10

It is, however, some comfort to know that the deaths from typhoid fever have not shown the same increase: 1926, 27; 1927, 27; 1928, 21; 1929, 27; 1930, 10; 1931, 15; 1932 (10 mos.), 12.

With these figures may be contrasted the average of the six years previous to the War of 130 deaths per year.

COMMUNICABLE DISEASES REPORTED

Urban and Rural : November, 1932

Occurring in the Municipalities of:

Chickenpox: Total 364—Winnipeg 188, Kildonan East 31, Deloraine 28, St. Boniface 27, Brandon 19, Blanshard 15, Kildonan West 8, St. James 8, Binscarth 7, Hillsburg 6, Rockwood 4, Shellmouth 4, Swan River rural 4, St. Vital 4, Neepawa 3, Minnedosa 2, Shell River 2, Dauphin rural 1, Edward 1, Gladstone 1, Westbourne 1.

Whooping Cough: Total 137—Winnipeg 86, Winnipegosis 15, unorganized 15, Kildonan West 7, Minitonas 3, St. James 2, Hillsburg 1, Rockwood 1, Treaty Indian 1, St. Boniface 6.

Scarlet Fever: Total 77—Winnipeg 32, St. Boniface 10, Ochre River 4, Coldwell 3, Assiniboia 2, Cypress North 2, Plum Coulee 2, Portage rural 2, St. James 2, St. Rose rural 2, St. Vital 2, Teulon 2, Bifrost 1, Fort Garry 1, Gilbert Plains rural 1, Hanover 1, Kildonan East 1, Morris rural 1, Oak Lake 1, Portage City 1, Rockwood 1, Selkirk 1, St. Laurent 1, Transcona 1.

Tuberculosis: Total 68—Winnipeg 22, Brandon 5, unorganized 5, St. Boniface 3, Whitewater 3, Carman T. 2, Ellice 2, Hanover 2, Springfield 2, St. Andrew's 2, St. Clements 2, Argyle 1, Armstrong 1, Bifrost 1, Brenda 1, Chatfield 1, Coldwell 1, Dauphin Town 1, Grey 1, Harrison 1, Kildonan East 1, Minnedosa 1, Morton 1, Oak Lake 1, Souris 1, Strathclair 1, St. Paul East 1, St. Vital 1, Macdonald 1.

Measles: Total 49—Winnipeg 26, St. Andrew's 9, Teulon 7, Selkirk 3, Brokenhead 1, Brooklands 1, Portage City 1, St. Boniface 1.

Mumps: Total 35—Winnipeg 33, St. Boniface 2.

Typhoid Fever: Total 26—Winnipeg 4, Tache 10, St. Boniface 7, Russell 3, St. Anne 1, St. Laurent 1.

Diphtheria: Total 25—Winnipeg 13, Brandon 3, Fort Garry 2, Minitonas 2, Unorganized 2, Russell Rural 1, St. Boniface 1, St. Clement 1.

Erysipelas: Total 8—Winnipeg 5, Brandon 1, Portage City 1, Winnipeg Beach 1.

Diphtheria Carriers: Total 7—Winnipeg 7.

Influenza: Total 4—Winnipeg 4.

Trachoma: Total 2—Brandon 1, Ste. Anne 1.

Septic Sore Throat: Total 2—North Cypress 2.

Anterior Poliomyelitis: Total 1—Brandon 1.

Puerperal Fever: Total 1—Kildonan East 1.

DEATHS FROM ALL CAUSES IN MANITOBA

For Month of October : 1932

URBAN: Total 249—Cancer 31, Congenital 26, Pneumonia (all forms) 18, Tuberculosis 11, Puerperal 4, Measles 1, all other causes 137, Stillbirths 21.

RURAL: Total 278—Congenital 51, Cancer 23, Tuberculosis 18, Pneumonia (all forms) 17, Influenza 2, Puerperal 2, Whooping Cough 2, Typhoid Fever 1, Tetanus 1, all other causes 140, Stillbirths 21.

INDIANS: Total 17—Tuberculosis 6, Congenital 5, Pneumonia (all forms) 3, Influenza 1, all other causes 2.

The Doctors Do Not Doctor as They Did

Modern Practice—Poems You May Not Know

A new and strange pathology affects your physiology,
The modern doctor passes up the pills.
He might as well be dead as in the ancient school of medicine;
Prescriptions aren't given for your ills;
Your ankles, ears and lungs and wrists are each assigned to specialists.
You find when you are sick there are a lot,
A flock of them to take care of you and each one has a share of you:
They tell you what it is you haven't got.

Chorus:

For the doctors do not doctor as they did,
When there's human overhauling to be done.
If you feel in bad condition and you send for your physician,
You discover they have split him ten for one.
No, the doctors do not doctor as they did,
They've discarded all the practices so plain;
And when sicknesses defeat you, there's an army comes to treat you
For every morbid modern little pain.

* * * * *

My wife enjoys the rheumatiz (at least we all assume it is)
Her doctors do not tell us, to be sure.
She visits twenty-one of them and every mother's son of them
Is giving some instalment of the cure.
They check her plus and minuses and irrigate her sinuses
She takes massage from 1 o'clock to 3,
Her ankles get a daily broil, her legs get ukulele oil
That has to be injected at the knee.

Chorus:

No, the doctors do not doctor as they did.
Now, they say, they want her blood to be appraised.
If the vote goes Democratic, it's her spleen that is erratic,
If Republican, her tariff must be raised.
Oh, the doctors and the doctoring they do—
And the druggists carry everything but drugs,
And when germs begin to bite us, every freshman at St. Vitus
Gives three cheers for Alma Mammy, queen of bugs.

—*Nova Scotia Medical Bulletin.*


PARKE-DAVIS
HALIVER OIL
WITH VIOSTEROL-250 D
EXCEPTIONAL POTENCY. Extracted by a special method, halibut liver oil, which contains very large amounts of natural vitamin A, is reinforced by the addition of Parke-Davis Viosterol. Parke-Davis Haliver Oil with Viosterol-250 D is standardized to contain 60 times as much vitamin A as a high-grade cod-liver oil, and as much vitamin D as Viosterol-250 D.
MINIMUM BULK. The vitamin A equivalent of a teaspoonful of cod-liver oil is contained in one minim (3 drops) of Parke-Davis Haliver Oil with Viosterol-250 D. The small doses needed to provide adequate quantities of vitamin A also afford ample vitamin D dosage.
MAXIMUM CONVENIENCE. Because of its high vitamin A and D potency a few drops are sufficient in infants' formulas; older children readily take the small dose required; and adults receive abundant vitamin medication in soft, easily-swallowed capsules.
Accepted for N. N. R. by Council on Pharmacy and Chemistry of the A. M. A.
Supplied in 5-cc. and 50-cc. vials and in 3-minim capsules.
When prescribing through your druggist please specify "Parke, Davis & Co."

School Medical Service in Winnipeg

The medical services of the schools in Winnipeg have recently been subjected to review and criticism in the press. It appears that the School Board have a separate organization which is supposed to provide medical inspection for the children in the public schools. Some medical practitioners are employed on a full time capacity and some on a part time or half time basis. The cost of this service, including dental service, to a taxpayer has been estimated at $45,000 per year. Like all other Government Services, it is at the present time being subjected to critical review. Some taxpayers and some representatives of the taxpayers have expressed doubts as to whether or not a reasonable amount of preventive work is done as the result of the expenditure of these public funds. Evidently medical men have objected that people who are quite able to pay for medical services make use of what should be a charitable institution instead of taking their children to their family doctor. Like many other services that have been started with the intention of helping those in rather unfortunate circumstances, it is possible that this service has grown beyond reasonable proportions. It is possible that it is being abused either deliberately or by people who do not realize the purpose for which it was formed, and it is even possible that a bureaucratic institution is providing a service at a cost to the taxpayer greater than it could be provided without interference by the State. Like all other public services, if it is to survive the critical test of the present economic depression, it will have to prove that it is giving value for money received.

Surplus of Doctors in the United States of America

It has been reported in the press that there are 25,000 more doctors in the United States of America than are required. This opinion is expressed in the report of the Commission on Medical Education, whose findings have recently been made public. The Commission was established in 1925 by the Association of Medical Colleges, and presided over by Dr. A. Lawrence Lowell, who has just resigned as President of Harvard University. The investigation was financed by the medical schools, the American Medical Association, the Rockefeller Foundation, the Carnegie Corporation and the Josiah Macey, Jr., Foundation.

The report states that there are in the United States of America 156,440 licensed doctors. This means that there is one doctor for every 780 persons. At the present rate at which graduates are being turned out by the medical schools, they estimate that by 1940 there will be one doctor for every 750 persons. The Commission hold that available information shows that the proper proportion of doctors to population is one to every 1,000 or 1,200 persons.

This report is interesting to us in Canada for two reasons. In the first place it should warn us against allowing a similar condition to arise in this country. Well informed opinion among the teachers in medical schools in Canada for some time has held that we are graduating more doctors than the population of the country requires. A more important implication for us is that the United States will no longer be able to absorb our surplus of

graduates from Canada. A certain proportion of graduates from Canadian Universities has in the past been able to find positions in the United States. At present the immigration authorities of the United States enforce restrictions on the entry of doctors from foreign countries that virtually amount to prohibition. In view of the condition revealed by this report, this restriction is probably a permanent institution.

The medical faculty of the University of Manitoba has established the machinery necessary to keep the number of graduates within reasonable proportion. This action, many people contend, has been taken at least ten years too late, but certainly no one can doubt its necessity. Similar action, it is understood, is under consideration by the other Canadian Universities.

The Victorian Order of Nurses

The uniform of the Victorian Order of Nurses is one which is familiar to every medical man and to great numbers of the public. Yet there are many people within the medical profession who do not fully understand the work that is carried on by the Victorian Order of Nurses.

History.

The Order was first founded in 1897. The organization in the Old Country, known as the Queen Alexandra Nurses, had been in existence for some time. The need for some similar service was felt in Canada, and the National Council of Women sent a request to Lady Aberdeen, the wife of the then Governor-General of Canada, for her support in forming some such organization. A public meeting was called and funds raised. The result was that the Victorian Order of Nurses, as a memorial to Queen Victoria, was founded under Royal Charter. Within the first year of its organization, sixteen nurses were employed. From this small beginning it has grown until on December 31st, 1931, there were eighty-three active branches of the Order throughout Canada, with three hundred and thirteen nurses on duty.

Purpose.

The primary purpose of the organization was to provide the most efficient type of nursing care in the home, and to give instruction in health education and the prevention of disease. Its object has been to carry the principles of nursing as taught in the best hospitals, and to modify and adapt them to conditions which obtain in the home. It also tries to teach people to care for their health and to assist in the prevention of disease.

Organization.

The organization is developed by establishing a local branch in a district where its services are required. Each branch is a separate unit and has a board formed of local public spirited citizens. Funds are raised from fees, insurance, grants and voluntary contributions. In Winnipeg, for example, funds are given to the local branch of the Order by the Federated Budget. A small branch of the Order has one nurse. The largest branch, i.e., Montreal, has 80 nurses. The larger branches have an experienced member of the Order as district superintendent, and she has certain assistants such as field supervisors and also a certain number of nurses on active duty.

There is also a National Office at Ottawa, which acts in a supervising and advisory capacity. This office is supported from a separate fund raised by voluntary contribution. When any local branch of the Order is founded, it may formulate its own by-laws, but these are subject to approval by the

Central Office at Ottawa. The Dominion is divided into three districts — Eastern, Central and Western. The central office provides a national supervisor for each district, and this nurse travels about her territory giving advice and instruction to each branch.

While Lady Byng was at Ottawa, she raised a special fund, the interest on which helps to support three branches in Canada, where the local population is too scattered to raise enough funds to carry on the work. There is one such branch in British Columbia, one in Saskatchewan, and one in The Gaspé Peninsula.

In this way each branch of the Order is supported by the people living in the district, and yet its organization is kept up to the standard of the Order by means of the supervision of the National Office at Ottawa.

The Winnipeg Branch is the only one in Manitoba.

Cost of Services to Patient.

Each branch of the Order will do any nursing that is required of it. If the patient is able to pay a full fee, this is charged. If able to pay only a part of the regular fee, a smaller one is charged. Visits are often made with the payment of a fee as low as twenty-five cents. In case the patient is unable to pay anything, the work is done free. In this way no family need go without efficient nursing care, and yet people who are too proud to accept charity are able to obtain the services of the Order, and those who would abuse the privileges of free service are prevented from doing so.

In Winnipeg the free nursing has been done for a number of years by the Margaret Scott Nursing Mission, and as a result no free nursing is done by the Victorian Order here but it co-operates with the Mission in its work. This, however, is the exception to the general rule, and Winnipeg is the only district in Canada where this condition obtains.

In all other districts the Order does the nursing for the insurance companies, and often industrial nursing, school nursing and public health work.

Recruitment.

Nurses are recruited to the Order from among the graduates of General Hospitals, who have their Reg. N. degree. They are also required to have training in public health nursing, either by taking the required university work, or by taking the special course given by the Victorian Order in Montreal. The nurses are given instruction in the procedures necessary to modify hospital technique to conditions obtaining in the home. Each year a few student nurses from the Winnipeg General Hospital are taken for a course of training.

Method of Service.

In any district a doctor may call a district office, and a nurse will be sent out. If the patient is able to pay, a suitable fee is charged. If it is found that the patient can pay nothing, the work is done free; but the cases are carefully investigated and selected.

If the nurse of the Order sees a patient where no doctor is in attendance, she is required to notify a doctor at once. No nursing procedures can be carried out beyond making the patient comfortable, taking the temperature and pulse, and giving, if advisable, a first bath. According to the regulations of the Order, the nurses are not allowed to order or to give any treatment except on the instructions of a doctor.

The nurses will be sent to assist where minor operations are done in the home.

The Order will provide maternity care in the home, pre-natal, delivery and post-partum and post-natal care. They will visit the child and care for it and instruct the mother until she is able to take over the responsibility herself. In many cases this is done in hospital cases after the mother returns home.

Classes are given in mothercraft and home nursing to teen-age girls.

In some places a "well baby clinic" is conducted. The doctors may advise the mothers to take the babies to the clinic to be weighed. If any defect is come upon, the mother is supposed to be told to take the baby to her own doctor.

The "Hourly Nursing Service" is for those cases where a full time private duty nurse is not required. The patient has the privilege of stating the hour at which the visit will be made, and as far as possible choosing the nurse. In this hour, the nurse carries out any nursing care that may be necessary and the patient is looked after until the next day by the family or friends.

Comment.

The Victorian Order of Nurses is an organization which is founded on sound principles. Its object is to carry to the home a suitable modified form of the best hospital nursing. It also is in a position to do valuable work in health education, and in the prevention and early recognition of disease. Although it cares for the poor as well as those in more fortunate circumstances, it is intended to encourage what is best in the sturdy self-sufficiency and self-respect of our people, and avoid the deliberate abuse of free services.

The Victorian Order of Nurses has in individual cases been criticized by medical men who have alleged that its nurses have in some cases visited patients without notifying the doctors in charge of the case, and even given advice without the knowledge of the doctor. If there have been instances of such an unfortunate nature, they apparently have been the result of a misunderstanding which could be clarified by discussion with the responsible officers of the order.

At the present time the various organizations caring for the health of the community are, along with all other institutions, being subjected to critical examination as a result of the stress put upon the economic stability of the country by the present depression. The Victorian Order of Nurses would appear to be founded on sound principles. Provided it does not deviate from these principles and if it were brought more intimately under the influence of the medical profession, it would seem that the organization might be capable of further extension and further usefulness in the care of the sick and the prevention of disease.

—By a Practitioner.

Report on Medical Services in the United States of America

A committee representing medical practitioners, institutions, social services, etc., was formed in the United States five years ago to investigate the costs of medical care and recommend any changes they considered advisable. The full report is not yet available, but some of the major findings of the committee have been reported in the American press:

"The total cost of all forms of medical care in the United States, including hospitalization, physicians' and dentists' services, nursing, drugs and med-

icines, public health and all other factors, is more than $3,650,000,000, or about $30 per capita a year, it is shown in the final report of the Committee on the Costs of Medical Care.

"The nation's 'medical dollar,' based on data for 1929, is distributed as follows:

Practising Physicians	29.8
Hospitals	23.4
Dentists	12.2
Medicines	18.2
Public Health	3.3
Nurses	5.5
Cultists	3.4
All others	4.2

"Drugs and medicines alone account for $700,000,000 a year."

The relation of the cost of medical care to other expenditures is shown in the following table:

Food	$16,137,000,000
Rent	13,060,000,000
Savings	10,000,000,000
Clothing	9,315,000,000
Automobiles	7,882,000,000
Household Furnishings and Supplies	4,594,000,000
Medical Care	**3,647,000,000**
Recreation	3,420,000,000
Education	3,388,000,000
Tobacco, Confections, Ice Cream and Soft Drinks	3,074,000,000
Personal Adornment	2,698,000,000
Fuel, Gas, Ice and Electricity	2,573,000,000

The committee brought in a majority report with five major recommendations:

I.

"The committee recommends that medical service, both preventive and therapeutic, should be furnished largely by organized groups of physicians, dentists, nurses, pharmacists and other associated personnel. Such groups should be organized, preferably around a hospital, for rendering complete home, office and hospital care. The form or organization should encourage the maintenance of high standards and the development or preservation of a personal relation between patient and physician.

II.

"The committee recommends the extension of all basic public health services —whether provided by governmental or non-governmental agencies—so that they will be available to the entire population according to its needs. This extension requires primarily increased financial support for official health departments and full-time trained health officers and members of their staffs whose tenure is dependent only upon professional and administrative competence.

III.

"The committee recommends that the costs of medical care be placed on a group payment basis, through the use of insurance, through the use of taxation, or through the use of both these methods. This is not meant to preclude the continuation of medical service provided on an individual fee basis for those who prefer the present method. Cash benefits, i.e., compensation for wage loss due to illness, if and when provided, should be separate and distinct from medical services.

IV.

"The committee recommends that the study, evaluation and co-ordination of medical service be considered important functions for every State and local community, that agencies be formed to exercise these functions and that the co-ordination of rural with urban services receive special attention.

V.

"The committee makes the following recommendations in the field of professional education: (a) That the training of physicians give increasing emphasis to the teaching of health and the prevention of disease; that more

effective efforts be made to provide trained health officers; that the social aspects of medical practice be given greater attention; that specialties be restricted to those specially qualified, and that post-graduate educational opportunities be increased; (b) that dental students be given a broader educational background; (c) that pharmaceutical education place more stress on the pharmacist's responsibilities and opportunities for public service; (d) that nursing education be thoroughly remolded to provide well-educated and well-qualified registered nurses; (e) that less thoroughly trained but competent nursing aides and attendants be provided; (f) that adequate training for nurse-midwives be provided, and (g) that opportunities be offered for the systematic training of hospital and clinic administrators."

A minority report signed by eight physicians apparently expresses a more conservative attitude. They recommend:

"(1) That government competition in the practice of medicine be discontinued and its activities restricted entirely to certain types of service; (2) governmental care of the indigent be expanded with the ultimate object of relieving the medical profession of the burden; (3) co-ordination of medical service be considered an important function for local communities; (4) united attempts be made to restore the general practitioner to the central place in medical practice; (5) that the corporate (i.e. organized) practice of medicine be vigorously and persistently opposed as wasteful, inimical to high quality, or productive of unfair exploitation of the medical profession; (6) careful trial be given methods which can rightly be fitted into our present institutions and agencies without interfering with the fundamentals of medical practice, and (7) that State or county medical societies develop plans for medical care."

From a superficial examination of the information now available, several general impressions stand out. The most striking fact is that there will probably develop a struggle between those who want some form of *"socialized medicine"* and those who believe in improving the facilities for medical care already available. It is even possible that the clash between these two ideas may develop into a form of political struggle.

The United States of America has before attempted very wide and revolutionary reforms by means of legislation. The most striking example of this, of course, was prohibition, but there have been others. It is possible that the stage is being set for the demonstration of one more such experiment. If this is so, its progress will be watched with interest by other countries. The full report is to be published by the *University of Chicago Press.*

Clinical Meetings

At Brandon General Hospital—
2nd Wednesday at 12.30 p.m.

At Brandon Hospital for Mental Diseases—
Last Thursday. Supper at 6.30 p.m.
Clinical Session at 7.30 p.m.

At Children's Hospital—
1st Wednesday.
Luncheon at 12.30 noon.
Ward Rounds 11.30 a.m. each Thursday.

At Misericordia Hospital—
2nd Tuesday at 12.30 p.m.

At St. Boniface Hospital—
2nd and 4th Thursdays.
Luncheon at 12.30. Meeting at 1.00 p.m.
Ward Rounds 11.00 a.m. each Tuesday.

At St. Joseph's Hospital—
4th Tuesday.
Luncheon at 12.30. Clinical Session 1.00 to 2.00 p.m.

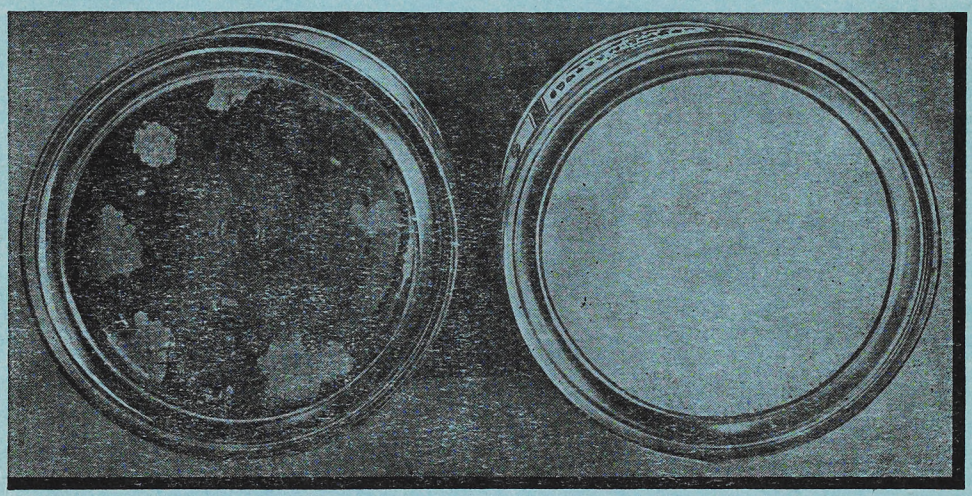
At Victoria Hospital—
4th Friday.
Luncheon at 12.00. Meeting at 1.00 p.m.

At Winnipeg General Hospital—
1st and 3rd Thursdays.
Luncheon at 12.30. Clinical Session 1.00 to 2.00 p.m.
Ward Rounds 10.00 a.m. each Thursday.
Pathological Conference at Medical College at 9.00 a.m. Saturday during college term.

Winnipeg Medical Society—
3rd Friday, Medical College, at 8.15 p.m.
Session: September to May.

Eye, Ear, Nose and Throat Section—
1st Monday at 8.15 p.m., at 101 Medical Arts Building.

Why We Supply DEXTRI-MALTOSE Only in Powder Form



Syrup Contaminated by Exposure to Air

FIG. 1. The can of syrup* shown above was opened for one-half hour in a bacteriological laboratory to permit withdrawal of a portion of its contents. This was done with sterile pipettes. The can was then covered tightly and stored. One month later it was again opened for the purpose of obtaining more syrup but examination revealed the heavy mold growth pictured above. Growth also developed in two other cans purposely exposed for a brief time. Mold grew in one as early as 7 days after the can was opened.

No Growth in DEXTRI-MALTOSE *After Exposure to Air*

FIG. 2. This can of Dextri-Maltose was opened for one-half hour to approximate conditions under which accidental contamination appeared in syrup at left. To make the test more severe, the Dextri-Maltose was also heavily inoculated with a micro-organism which had previously produced thick growth in syrup. The can was then closed and not opened for 40 days, at which time no growth was visible. Later, the can was opened 4 or 5 times for a total exposure of about 1 hour, without the slightest evidence of growth.

* *A maltose-and-dextrin syrup experimentally made and studied but not marketed.*

Thrush Organism Grows in Syrup— Fails to Grow in DEXTRI-MALTOSE

As a more stringent test, syrup was inoculated with the pathogenic thrush organism. A thick mold growth developed and the inoculum grew after 17 days. In sharp contrast, Dextri-Maltose inoculated with the same strain was entirely free from growth. These tests were conducted in a modern bacteriological laboratory. Considering that the thrush organism and other molds grew so rapidly in syrup under these conditions, how much greater is the chance for contamination in the average household where the syrup can would be opened at least once daily! Therefore, because carbohydrate preparations in syrup form not only attract insects and dust but also offer a fertile field for the growth of fungi, we shall continue to supply Dextri-Maltose only in powder form.

MEAD JOHNSON & CO. of Canada, Ltd., Belleville, Ont.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons